



Request for Patient Care Report Duly Appointed Personal Representative of a Deceased Person

INSTRUCTIONS:

1. **This form is for use ONLY by a duly appointed representative of a deceased person.** If this does not apply to you, please return to www.frederickcountymd.gov to find the appropriate information and instructions.
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

Duly Appointed Personal Representative (person making request for record):

My name is: _____

My mailing address is: _____

Phone: _____ Email: _____

Patient Information:

Patient's Name: _____

Incident Information:

Incident Date: _____ Incident Time: _____

Incident Location (street address, intersection, etc.,) _____

REMEMBER TO ENCLOSE THE FOLLOWING:

- ☐ Copy of my driver's license or other equivalent photo I.D.
- ☐ Copy of the legal document that identifies me as the personal representative.
- ☐ Copy of the Death Certificate.

I affirm that I am the duly appointed personal representative for the named patient and that the information and documents presented are valid and true.

Signature

Date

Please send this signed and dated form, copies of your driver's license or equivalent photo I.D., the document naming you as the personal representative, and the Death Certificate, to:

**Frederick County Fire and Rescue Services
Records Office
5370 Public Safety Place
Frederick, MD 21704
Fax: 301-600-1323**

To allow for processing time, walk-in requests must provide 24 hour notice before visiting office.

If you have any questions, please contact the Records Office at 301-600-1536.